

ENROLLMENT NOTICE

County Name
County Address
County City State Zip

WKR ID: (Worker ID) SVC LOC: (County)
(Enrollee Name)
(Enrollee Address)
(Enrollee City / State / Zip)

(Notice Mailed Date)

NOTICE OF HEALTH PLAN ENROLLMENT

Recipient ID: (PMI) Name: (Enrollee Name)
Case Number: (Case #)
Start Date: (Enrollment Begin Date)
Health Plan: (Health Plan Name) Program: (MA)

You will be enrolled in (health plan name). You must get your health care from this health plan as of (enrollment begin date). The health plan will send you a health plan card. Show this card, along with your Minnesota Health Care Programs card, when you get health care.

Any health care not given or approved by your health plan will not be covered. This means you may have to pay the bill. Check with your health plan if you have any questions.

Your health plan identification card will arrive in the mail. Most health plans will list your primary clinic on the front of your card. If you want a different clinic, or have questions about services, call the health plan Member Services number printed on the back of your health plan card.

You can change to different health plans, for cause at any time, including:

- Lack of access to services and providers.
- Amount of travel to get primary care.
- Poor quality of care.

or without cause, at the following times:

- Once during the year you were first enrolled.
- Within 90 days from the date you were first enrolled in the health plan above.
- At least once every 12 months during open enrollment.
- If you were not eligible at the time of open enrollment.
- If the health plan no longer provides services in your county.

To change your health plan, call (agency contact or worker name) at (contact or worker phone number).

This information is available in other forms to peoples with disabilities by contacting us at 651-296-3386 (voice), or toll free at 1-800-657-3756. TDD users can call the Minnesota Relay at 711 or 1-800-627-3529. For the Speech-to-Speech Relay, call 1-877-627-3838.